

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re: Taylor, Joseph A

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Case No. 08 B 02055

Debtor

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

1) The case was filed on 01/30/2008.

2) The plan was confirmed on 03/25/2008.

3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on (NA).

4) The trustee filed action to remedy default by the debtor in performance under the plan on (NA).

5) The case was dismissed on 06/22/2010.

6) Number of months from filing or conversion to last payment: 29.

7) Number of months case was pending: 31.

8) Total value of assets abandoned by court order: (NA).

9) Total value of assets exempted: \$3,300.00.

10) Amount of unsecured claims discharged without full payment: \$0.

11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$8,592.36
Less amount refunded to debtor	\$162.98

**NET RECEIPTS:**

\$8,429.38

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$3,434.00
Court Costs	\$0
Trustee Expenses & Compensation	\$553.74
Other	\$0

**TOTAL EXPENSES OF ADMINISTRATION:** \$3,987.74

Attorney fees paid and disclosed by debtor \$350.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
Illinois Dept Of Healthcare And Family	Priority	\$0	\$17,604.30	\$17,604.30	\$742.87	\$0
Illinois Dept Of Healthcare And Family	Priority	\$0	\$19,184.98	\$19,184.98	\$809.61	\$0
Illinois Dept of Revenue	Priority	NA	\$1,291.50	\$1,291.50	\$42.35	\$0
Auto Portfolio Services Inc	Secured	\$9,475.00	\$9,475.00	\$9,475.00	\$2,846.81	\$0
Auto Portfolio Services Inc	Unsecured	\$5,845.00	\$5,845.25	\$5,845.25	\$0	\$0
Credit Protection Association	Unsecured	\$97.00	NA	NA	\$0	\$0
Illinois Dept of Revenue	Unsecured	NA	\$141.60	\$141.60	\$0	\$0
Mercy Housing	Unsecured	\$3,307.00	NA	NA	\$0	\$0
NCO Financial Systems	Unsecured	\$430.00	NA	NA	\$0	\$0
Northside Federal	Unsecured	\$500.00	NA	NA	\$0	\$0
Provident Hospital	Unsecured	\$500.00	\$8,116.92	\$8,116.92	\$0	\$0
T Mobile USA	Unsecured	\$300.00	NA	NA	\$0	\$0
United States Dept Of Education	Unsecured	\$10,859.26	NA	NA	\$0	\$0
Weiss Memorial Hospital	Unsecured	\$200.00	NA	NA	\$0	\$0

**Summary of Disbursements to Creditors:**

	Claim Allowed	Principal Paid	Interest Paid
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0	\$0	\$0
Mortgage Arrearage	\$0	\$0	\$0
Debt Secured by Vehicle	\$9,475.00	\$2,846.81	\$0
All Other Secured	\$0	\$0	\$0
<b>TOTAL SECURED:</b>	<b>\$9,475.00</b>	<b>\$2,846.81</b>	<b>\$0</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$36,789.28	\$1,552.48	\$0
Domestic Support Ongoing	\$0	\$0	\$0
All Other Priority	\$1,291.50	\$42.35	\$0
<b>TOTAL PRIORITY:</b>	<b>\$38,080.78</b>	<b>\$1,594.83</b>	<b>\$0</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$14,103.77</b>	<b>\$0</b>	<b>\$0</b>

**Disbursements:**

Expenses of Administration	\$3,987.74
Disbursements to Creditors	\$4,441.64
<b>TOTAL DISBURSEMENTS:</b>	<b>\$8,429.38</b>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: August 24, 2010

By: /s/ MARILYN O. MARSHALL

Trustee

**STATEMENT:** This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.